

TRANSACTIONS
OF THE
PHILADELPHIA ACADEMY OF SURGERY.

Stated Meeting January 2, 1906.

JOHN B. ROBERTS, M.D., in the Chair.

CARCINOMA OF TONGUE.

DR. W. JOSEPH HEARN, at the request of Dr. W. W. Keen for whom he had operated, presented a deaf and dumb Russian girl who nine months previous to the operation noticed on her tongue a nodule the size of a cherry. She was for some months put on antisyphilitic treatment being in two hospitals, although no history of syphilis could be obtained. Under Dr. Keen's care a section of the growth, which had become much larger, was removed and microscopic examination showed it to be an epithelioma. The entire tongue was removed by the Regnoli-Billroth method, the incision extending from one angle of the jaw to the other and then down on either side to clear the neck of its glands. Both lingual arteries were tied. The tongue was held forward by the customary ligature in the anterior portion and in addition two ligatures were inserted near the base to afford better control of that part of the organ. The tongue was divided at its junction with the epiglottis. This left a very short stump which at once fell back, raising a difficulty as to its disposal. It was finally sewed to the remnants of the muscles of the mouth which were barely one-half inch long, the muscles being then included in a subcutaneous stitch under the jaw. The patient

has done very well since the operation, gaining 23 pounds during the seven weeks. The pathologist's report on the removed tongue was again epithelioma.

DR. JOHN H. GIBBON said this patient was under his care for some weeks at the Pennsylvania hospital. Dr. Stewart first saw her and was in doubt as to the nature of the growth on the tongue, that is whether it was syphilitic or malignant. Finally he thought she was not taking the prescribed treatment regularly and sent her to the hospital. There several surgeons saw her and among them there was difference of opinion regarding the nature of the growth. It involved the side of the tongue and the floor of the mouth, the edges being prominent and everted, and was covered by a nasty, greenish-colored slough. A small section of the growth was sent to the laboratory but the specimen was not satisfactory. The patient was put upon mixed treatment—potassium iodide in enormous doses and mercurial inunction. At first there was marked improvement, the growth diminishing in size and the slough separating. The patient was very tolerant of the treatment, there being no evidence of mercurialization except incontinence of saliva and this condition she had, as do all persons with tumor of the mouth, before treatment was begun. The result of the mixed treatment convinced him that the growth was syphilitic and later Dr. Stewart reported that he had obtained a clear history of syphilitic infection. Improvement, however, soon was less marked and the patient finally became disgusted with her progress and left the hospital. The case is of peculiar interest to Dr. Gibbon. He doubts that antisyphilitic treatment would have cured the patient, the case being one of those occasional instances in which operation is necessary. In view of the impunity with which mixed treatment was given and of the undoubted history of syphilitic infection, he is inclined to doubt the character of the growth as announced later. In addition and of great value clinically is the fact that when improvement under treatment occurred and the patient was able to open the mouth ulceration of both anterior pillars of the puces could be seen. These ulcerations healed under the anti-syphilitic treatment.

DR. JAMES P. HUTCHINSON said he saw the patient with Dr. Gibbon but did not agree in the diagnosis, as he believed the growth to be malignant in character. He was not, however, sufficiently confident of its nature to urge operation and with the other surgeons agreed that mixed treatment should be given. His opinion regarding the malignancy of the growth was considerably shaken by the improvement under three weeks' medical treatment and also by the absence of indications of mercurialization except the salivation which was present before treatment was begun. He did not see the patient again although he heard of Dr. Stewart's statement of an undoubted history of syphilitic infection.

DR. HEARN, in closing, said it was well known how rarely cancer is engrafted on a syphilitic lesion but if there is one place in the body in which this does occur it is the tongue. He now has under his care a gentleman from whom he had to remove part of the tongue which was cancerous and he believes the lesion originally was due to syphilis. All the glands of the neck in the patient exhibited were enlarged, though the lesion may have been syphilitic. In answer to questions by Dr. Gibbon, Dr. Hearn said he thought there was yet some granulation tissue in the floor of the mouth; the patient has had no constitutional treatment since operation.

DR. RICHARD H. HARTE delivered the annual address for 1906, his theme being: "The Life and Labors of Dr. Philip Syng Physick."